**School of Nursing and Midwifery Research Ethics Committee Application Form (Chair approval)**

**PLEASE NOTE THE FOLLOWING;**

* **Forms without the following signatures will not be processed: Applicant(s) signature, Research Supervisor signature (applicable in student application), all researchers named on the form.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant NAME:** | | |  |
| **Applicant email address:** Please ensure this is correct. The decision will be sent to this email address | | |  |
| **Supervisor NAME:** | | |  |
| **Supervisor email address:** Please ensure this is correct. The decision will be sent to this email address | | |  |
| **Staff member** | | | YES / NO |
| **Student member** | | | YES / NO |
| **Working title of proposed study:** | | | |
| **To be reviewed at which ethics committee meeting?** | | Please provide month of meeting. (if applicable) | |
| **Please identify which of the following applies:** | An element of a taught post -graduate course  A full time post-graduate research project  Staff research project | | |
| **Type of application** | Committee application  Chair application utilising SNMREC form  Chair application utilising other standard appliaction form | | |
| **Check list** | Proposal participants are not “ vunerable” as outlined  in the operating instructions  Data collection does not involve asking questions  of a “sensitive nature” as outlined in the operating instructions  Application form signed by applicant  Application form signed by supervisor ( if applicable )  The application includes the questionnaire, interview schedule as appropriate  All documents merged into one document | | |

**SECTION 7 - DECLARATION OF APPROVAL AND SIGNATURES**

#### LEAD INVESTIGATOR

**The lead investigator must provide all data below and sign:**

* 1. **If applicable please state briefly what preparatory work you will need to undertake to become competent in your chosen method of data collection (e.g. training in the use of a standardised schedule/test, clinical procedures, or practice in conducting an interview)**

|  |
| --- |
|  |

#### LEAD INVESTIGATOR DECLARATION:

**7.2** I confirm that the information provided in this protocol is correct, that I am not aware of any other ethical issue not addressed within this form and that I understand the obligations to and the rights of participants (particularly concerning their safety and welfare, the obligation to provide information sufficient to give informed consent, the obligation to respect confidentiality and all the obligations as set out in the Declaration of Helsinki (appendix attached) governing the conduct of research involving human participants) and/or other relevant guidelines (please refer to your Head of Department/School)

I undertake to provide an annual report within twelve months of the date of approval, yearly thereafter and a final project report within 6 months of the completion of the study to the School of Nursing and Midwifery Research Ethics Committee with details of the number of participants who have been recruited, the number who have completed the study and details of any adverse effects or complaints. In the case of the end of project report the report must also include where the data is to be stored and who will be responsible for it destruction. Any serious adverse effects will be reported immediately to the School of Nursing and Midwifery Research Ethics committee.

|  |  |  |  |
| --- | --- | --- | --- |
| NAME:(BLOCK CAPITALS) |  | | |
| STAFF / STUDENT I.D. No. |  | | |
| SCHOOL / DEPARTMENT: |  | | |
| COURSE OF STUDY: **(if appropriate)** |  | **YEAR** |  |
| SIGNATURE: |  | **DATE:** |  |

**PLEASE NOTE THAT IF THERE IS MORE THEN ONE APPLICANT, ALL APPLICANTS MUST SIGN THE APPLICATION FORM.**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME:(BLOCK CAPITALS) |  | | |
| STAFF / STUDENT I.D. No. |  | | |
| SCHOOL / DEPARTMENT: |  | | |
| COURSE OF STUDY: **(if appropriate)** |  | **YEAR** |  |
| SIGNATURE: |  | **DATE:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| NAME:(BLOCK CAPITALS) |  | | |
| STAFF / STUDENT I.D. No. |  | | |
| SCHOOL / DEPARTMENT: |  | | |
| COURSE OF STUDY: **(if appropriate)** |  | **YEAR** |  |
| SIGNATURE: |  | **DATE:** |  |

|  |
| --- |
| 7.3 RESEARCH SUPERVISOR Student applicants are required to have their Research Supervisor complete this section. **The Supervisor must sign the statement and accept responsibility as per College policy.**  Name of Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (BLOCK CAPITALS)  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **State the educational value of this research:**  I confirm that I have reviewed this application and I am not aware of any other ethical issue not addressed within this form.  I undertake to insure that the student provides an annual report within twelve months of the date of approval, yearly thereafter and a final project report within 6 months of the completion of the study , to the School of Nursing and Midwifery Research Ethics committee with details of the number of participants who have been recruited, the number who have completed the study and details of any adverse effects, complaints and the date of completion of the project .  Any serious adverse effects must also l be reported immediately to the School of Nursing and Midwifery Research Ethics committee.  The final report must also include details of where the data will be stored and who will be responsible for its destruction.  I accept responsibility for the ethical conduct of this project:  Signature of the Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |